

IDENTIFYING INFORMATION

NAME		DCN	DYS NUMBER	TYPE OF PLACEMENT
PLACEMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				DATE OF CUSTODY
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)				
DATE OF BIRTH	SOCIAL SECURITY NUMBER	RACE	SEX	STATE OF BIRTH
OSW/DYS/JUV. CT. WORKER	SUPERVISOR		TELEPHONE NUMBER	COUNTY

ELIGIBILITY/REIMBURSABILITY INFORMATION[illegible]

8. LIST ALL HOUSEHOLD MEMBERS IN THE REMOVAL HOME IN THE MONTH THE COURT PETITION WAS FILED.

NAME	SOCIAL SECURITY NO.	BIRTHDATE	RELATIONSHIP	✓

* INDICATE PARENT(S)/GUARDIAN(S) FROM WHOM THE CHILD WAS REMOVED

9. Is the home from which the child was removed receiving adoption support payments on behalf of the child? ☐ Yes ☐ No10. Does the child expect an inheritance or settlement? ☐ Yes ☐ No
If yes, attach information about the estate or suit.

FINANCIAL RESOURCES FOR ALL HOUSEHOLD MEMBERS IN THE REMOVAL HOME IN THE MONTH THE COURT PETITION WAS FILED.

11. SOURCE	BALANCE	OWNER	BANK NAME AND ADDRESS	ACCOUNT NO.
CASH				
CHECKING/ SAVINGS				
IRA/CD				
STOCKS/ BONDS				
TRUST ACCOUNT				
OTHER				

12. Does anyone own any real estate other than their home? ☐ Yes ☐ No
If yes, please list:

VALUE/AMOUNT OWNED	OWNER	LOCATION

13. VEHICLE ☐ NONE (NO OWNED VEHICLE)

VALUE/AMOUNT OWNED	OWNER(S)	MODEL	MAKE	YEAR

14. INCOME (OTHER THAN WAGES FROM EMPLOYMENT)

SOURCE	FOSTER CHILD	MOTHER <input type="checkbox"/> STEP	FATHER <input type="checkbox"/> STEP	SIBLING	SIBLING
OASDI					
SSI*					
VA					
UC/WC					
RR					
PENSION					
MILITARY					
CHILD SUP.					
OTHER					

15. INDICATE THE FOSTER CHILD'S/OYS YOUTH'S/JUV. CT. CHILD'S PAYEE FOR THE ABOVE BENEFITS

NAME	TYPE OF BENEFIT

16. CURRENT EMPLOYER/WAGES

	FROM	TO	EMPLOYER NAME AND ADDRESS	WAGES	FREQUENCY
FOSTER CHILD					
FATHER					
STEP					
SIBLING					
SIBLING					

17. Is the child a U.S. citizen or legal alien?

☐ Yes☐ No

18. MARITAL INFORMATION - COMPLETE ON MOTHER AND FATHER, IF APPLICABLE

Check, if never married: ☐ Mother ☐ Father

Individual to whom mother was married at the time of the child's conception and birth:

NAME ☐ CHECK BOX, IF UNKNOWNADDRESS ☐ CHECK BOX, IF UNKNOWNDATE OF MARRIAGE ☐ CHECK BOX, IF UNKNOWN STATE AND COUNTY ☐ CHECK BOX, IF UNKNOWNLEGAL (COURT) SEPARATION ☐ CHECK BOX, IF UNKNOWN STATE AND COUNTY ☐ CHECK BOX, IF UNKNOWNDATE OF DIVORCE ☐ CHECK BOX, IF UNKNOWN STATE AND COUNTY ☐ CHECK BOX, IF UNKNOWNIs there a juvenile order for blood testing for any of the parties? ☐ Yes ☐ No If yes, please attach a copy of the order.19. ABSENT PARENT INFORMATION (INCLUDES PARENT(S) IN THE REMOVAL HOME)
(IN ADDITION TO THE MOTHER, LIST ALL POSSIBLE FATHERS)ATTACH COPY OF ALL COURT ORDERS
ADDRESSING CHILD SUPPORT.

NAME	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER
EMPLOYER NAME				TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HEALTH INSURANCE NAME			POLICY NUMBER	
NAME	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER
EMPLOYER NAME				TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HEALTH INSURANCE NAME			POLICY NUMBER	

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ADDRESS (STREET, CITY, STATE, ZIP CODE)				TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE)				
HEALTH INSURANCE NAME			POLICY NUMBER	

20. IF FOSTER CHILD DOES NOT RECEIVE SSI, PLEASE COMPLETE:

☐ **PRIORITY 1**

Children in residential or group care, career parent placements, medical and behavioral placements, psychiatric diversion or children with multiple placements (e.g., 6 within last 12 months). Children who have obvious disabilities such as ADHD, learning disabilities, newborns whom were born drug affected or had a low birth weight.

An SSI application will be made for the majority of children classified as priority 1.

☐ **PRIORITY 2**

Children who have disabilities, but no documentation of disability. After documentation is obtained, an application will be made.

☐ **PRIORITY 3**

Children who have no disabilities. An SSI application will not be made for these children.

If child's status changes, notify Eligibility Specialist per the CS-SSI-1 or IOC so SSI application can be considered.

_____ Pertinent documents attached (psychological, medical reports).

_____ Expected receipt date of pertinent documents, if not attached.

CSW/DYS/JUV. CT. WORKER

DATE

**ATTACH APPROPRIATE COURT ORDER(S)
AND ALL OTHER PERTINENT INFORMATION
TO THE WHITE COPY**